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CONFIRMATION NO. 1850

<b>SERIAL NUMBER</b> 10/551,184	<b>FILING OR 371(c) DATE</b> 09/29/2005 <b>RULE</b>	<b>CLASS</b> 378	<b>GROUP ART UNIT</b> 2882	<b>ATTORNEY DOCKET NO.</b> 4208-23
<b>APPLICANTS</b> Gorgen Nilsson, Storvreta, SWEDEN;				
<b>** CONTINUING DATA *****</b> This application is a 371 of PCT/SE04/00781 05/21/2004 which claims benefit of 60/472,773 05/23/2003				
<b>** FOREIGN APPLICATIONS *****</b> SWEDEN 0301508-8 05/23/2003				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **</b> ** 06/07/2006				
Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged <u>J. Y.</u> Examiner's Signature <u>J. Y.</u> Initials		<b>STATE OR COUNTRY</b> SWEDEN	<b>SHEETS DRAWING</b> 4	<b>TOTAL CLAIMS</b> 17
<b>INDEPENDENT CLAIMS</b> 2				
<b>ADDRESS</b> 23117				
<b>TITLE</b> Method for pre treatment verification in radiation therapy				
<b>FILING FEE RECEIVED</b> 450	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	